EMS PROGRAM HIGHLIGHTS JANUARY 2013

GENERAL INFORMATION

UPCOMING EMS ADVISORY COUNCIL MEETING

<u>Next Meeting:</u> Date and location to be determined.

OFFICE MOVES

The following programs currently in DOH building 4025 are moving to DOH Building 4042: Injury Prevention, Trauma, Emergency Medical Services and Brain and Spinal Cord Injury. The moved was scheduled for January 11, but now will be January 14-16. Our phone numbers and email addresses will not change. The move is being planned to be a minimum disruption of business. Although, there might be some interruption of service during the move. Thank you for your patience.

TRAINING & EDUCATION SECTION

TRAINING

There are 70 schools offering 183 EMT and paramedic training programs.

There are currently 42 Continuing Education Providers offering 1,190 continuing education courses.

- 2012 certification examination statistics are as follows:
- 2,322 EMT first time test takers with a 75% pass rate.
- 1,403 Paramedic first time test takers with an 80% pass rate.

Florida currently has a total of 38,053 certified EMTs and 28,191 certified paramedics.

INSPECTIONS

136 EMS providers were inspected in 2012. 50% of these inspections were announced while 50% were unannounced. Inspectors are continuing to see deficiencies in pediatric supplies and equipment as well as expired personnel files such as ACLS cards, CPR cards, and EVOC certificates.

LICENSURE

There are 274 EMS providers currently licensed in the state with 4,335 permitted vehicles. The EMS Program is consistently receiving applications that are missing documents and/or are incomplete. Please review your application thoroughly for all required information before submitting.

The following information refers to timely service renewal applications submitted to this department.

Florida Statute 120.52(10)

(10) License means a franchise, permit, certification, registration, charter, or similar form of authorization required by law, but it does not include a license required primarily for revenue purposes when issuance of the license is merely a ministerial act.

Florida Statute 401.26(5)(a)

(5) In order to renew a vehicle or aircraft permit issued pursuant to this part, the applicant must:

Submit a renewal application. Such application must be received by the department not more than 90 days or less than 30 days prior to the expiration of the permit.

<u>Florida Statute 401.251(5)(a)</u>

- (5)In order to renew a license for air ambulance service, the applicant must:
- (a) Submit a renewal application to the department not more than 90 days nor less than 60 days before the license expires.

Therefore a ground license application must be received in the EMS Program no less than 30 days prior to expiration. An air ambulance license application must be received no less than 60 days prior to expiration. If these dates are not adhered to, your service will be subject to administrative action.

911 PUBLIC SAFETY TELECOMMUNICATOR (911 PSTs)

The EMS Program has currently certified 7,892 911 PSTs. Approximately 2,000 have taken the exam since February 2012. Approximately 156 Training programs, which include Police Departments, Fire Departments, and Sherriff's Offices, have also been approved

STATEWIDE PLANNING SECTION

INVESTIGATION

The Investigation Section continues to operate in conjunction with Medical Quality Assurance (MQA) in regards to the investigation of complaints against EMTs and paramedics. BEMO continues to investigate legally sufficient complaints against the EMS Provider, Training School or 911 PST. Upon completion of the investigative process, all case files (EMT, Paramedic, Provider, Training School, or 911 PST) are sent to the Prosecution Services Section within the BEMO. Thomas Congdon, Esq. is the bureau's prosecuting attorney thru December 31, 2012.

All complaints against individual **EMTs and/or paramedics** should be sent to:

Florida Department of Health Medical Quality Assurance Consumer Services Unit 4052 Bald Cypress Way, Bin C-75 Tallahassee, FL 32399

All complaints against <u>Florida EMS providers</u>, <u>training schools and 911 PST's</u> should be sent to:

Florida Department of Health BEMO Investigation Section 4052 Bald Cypress Way, Bin A22, Tallahassee, FL 32399-1722

Complaints Received during September-November 2012

- 68 Emergency Medical Technician &Paramedic
- 12 EMS Provider ALS EMS Training Schools

Probable Cause Panel Meetings Held during September-November 2012

Two Probable Cause Panel Meetings were held and a total of 35 cases were reviewed.

Disciplinary Actions taken for September-November 2012

- 6 Voluntary Relinquishments
- 27 Final Orders
- 9 Closures

COUNTY GOVERNMENT GRANTS—NEW GRANT OPPORTUNITY

On July 18, 2012 we announced to the 67 county governments they could request their annual County Grant funds. We had a total of \$2,962,217 to award.

Fifty-seven counties responded and we dispensed to them \$2,899,130, which is nearly 98% of the total available.

Of the remaining ten counties, three may yet request their funds that are respectively \$8,320, \$3,797, and \$2,872, for a total of \$14,989.

The other seven counties have declined to participate this grant cycle. We expect to add the previous year funds to their new amounts at the next grant cycle which will begin July 2013.

MATCHING GRANTS—NEW GRANT OPPORTUNITY

On December 14, 2012 we started accepting new matching grant applications, and the deadline is March 29, 2013.

The state EMS grant website has an unprecedented amount of information to help applicants. The address follows. http://www.fl-ems.com/Grants/Grants.html

After the deadline we will appoint a review team to provide an evaluation of the applications submitted, assess the review team's results from an oversight standpoint, and issue final decisions by early June 2013.

EMS FOR CHILDREN (EMSC)

NATIONAL PEDIATRIC READINESS PROJECT

The American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), the Emergency Nurses Association (ENA), and the EMS for Children Program have partnered on a new project to ensure effective care for all children in the nation's EDs. It's called the National Pediatric Readiness Project. The National Pediatric Readiness Project is a multiphase quality improvement initiative to ensure that all U.S. emergency departments (ED) have the essential guidelines and resources in place to provide effective emergency care to children.

Phase one of the National Pediatric Readiness Project is to conduct a national (online) assessment to measure ED pediatric readiness. The assessment will allow project staff to identify where the gaps are and align resources and efforts to build the competency and capacity within each ED. Florida EMSC is working with the National EMSC Data Analysis Resource Center (NEDARC) to provide support during Phase One of this project.

FIRE RESCUE EAST 2013

Florida EMSC will be supporting continuing education programs at the 2013 Fire-Rescue EAST Conference, January 23-26 at the Ocean Center in Daytona Beach. Scott DeBoer, RN, MSN, of Peds-R-Us Medical Education, LLC will be presenting the "Pediatric Playtime: Emergency Skills Review" program. Florida EMSC also supported conference participation and attendance through 25 registration fee scholarships.

FREE PEDIATRIC EDUCATION PROGRAM AND/OR RESOURCES

Florida EMSC is offering FREE Pediatric/Neonatal education courses and resources within the state this grant year. If you are interested in having a pediatric/neonatal education course offered at your agency or are in need of pediatric educational resources, please contact Melissa Keahey, EMSC Program Manager at melissa_keahey@doh.state.fl.us or 850.245.4440, ext. 2686.

INTERFACILITY TRANSFER GUIDELINES FOR CHILDREN TOOLKIT

The EMSC Advisory Committee Pediatric Medical Emergency Facility Recognition Workgroup developed an Interfacility Transfer Guidelines for Children Toolkit. The toolkit is designed to be used as a model template and resource tool to improve pediatric care across the continuum.

This toolkit is comprised of an introductory rationale that includes Florida regulatory references, a transfer guidelines template, as well as instructions on how to use the template. The toolkit can be downloaded from the Florida EMSC website: http://www.doh.state.fl.us/demo/EMS/EMSC/EMSChome.html. For more information about the toolkit, please contact Melissa Keahey at melissa_keahey@doh.state.fl.us or 850.245.4440, ext. 2686.

EMERGENCY GUIDELINES FOR SCHOOLS

The Emergency Guidelines for Schools (EGS), 2011 Florida Edition, is available for download at the Florida Department of Health, Emergency Medical Operations website at www.fl-ems.com – select EMSC Program. Hard copies are also available by request. Please contact Melissa Keahey, EMSC Program Manager at melissa_keahey@doh.state.fl.us or 850.245.4440, ext. 2686. The emergency guidelines are meant to serve as basic what-to-do-in-an-emergency information for school staff without nursing or medical training when the school nurse is not available.

BROSELOW PEDIATRIC ANTIDOTES FOR CHEMICAL WARFARE TAPE

If your organization is interested in receiving the above mentioned item, please contact Melissa Keahey, EMSC Program Manager at melissa_keahey@doh.state.fl.us or 850.245.4440, ext. 2686. Funding for these resources was provided by the Health Resources and Services Administration (HRSA) Bioterrorism Preparedness Grant.

PEDIATRIC PODCAST SERIES

The Florida EMSC Program is excited to kick-off a partnership with Kyle David Bates and his Pedi-U pediatric podcast series. Our first FREE podcast, titled "Kyle's a Disaster: Pediatric Disaster Preparedness", discusses pediatric preparedness issues for Florida EMS agencies and hospitals. Discussing the resulting issue is a panel of Florida providers with years of personal and professional experience in disaster preparedness and response: Jim Judge, Dave Freeman, Dr. Rex Northup and Dr. Lou Romig. This and other Pedi-U podcasts are provided free of charge and can be accessed and downloaded at www.pedi-u.com.

<u>Addendum</u>

GENERAL INFORMATION

Contact Lisa VanderWerf-Hourigan, Director, Injury Prevention Program; Division of Emergency Preparedness and Community Support at 850.245.4440, ext. 2776 for further information.

PERSONNEL – WELCOME JAN!

Jan Davis will be serving as the CDC Grant Manager, the position formerly held by Sarah Hinkel-Young, and started December 7, 2012. She has worked for the Florida Department of Health for more than 18 years, most recently as Program Administrator of the Sexual Violence Program, Bureau of Family Health Services, Division of Community Health Promotion. She has been actively involved with the 2009–2013 Florida Injury Prevention Strategic Plan, Goal Team 2 (GT2) (Collaboration). Please welcome Jan Davis to the Injury Prevention Program.

INJURY PREVENTION PROGRAM OFFICES ARE MOVING

The following programs currently in DOH building 4025 are moving to DOH Building 4042: Injury Prevention, Trauma, Emergency Medical Services and Brain and Spinal Cord Injury. The moved was scheduled for January 11, but now will be January 14-16. Our phone numbers and email addresses will not change. The move is being planned to be a minimum disruption of business. Although, there might be some interruption of service during the move. Thank you for your patience.

MINI-GRANTS FOR CHILDHOOD DROWNING AND SENIOR FALLS PREVENTION

The Injury Prevention Program will provide mini-grants of \$1,500–\$5,000 each to eligible Florida organizations and governmental agencies to develop or purchase needed child drowning prevention or senior falls prevention awareness activities, goods, or services which are not paid for from another source. A minimum of 15 mini-grants will be available in each focus area for a total amount of \$150,000.

Applications are due on December 21, 2012 to the Injury Prevention Program, which will notify award recipients by January 13, 2013. Project activities funded by the mini-grants will be completed by June 30, 2013.

2012 INJURY PREVENTION AWARD

The Injury Prevention Program, in conjunction with the Florida Injury Prevention Advisory Council (FIPAC), annually recognizes an individual who demonstrates commitment to injury prevention. The FIPAC's Injury Prevention Award Subcommittee reviews nominations submitted by injury prevention stakeholders. The award began in 2006 and the award presentation takes place at the FIPAC annual fall meeting.

Congratulations to the 2012 Injury Prevention Award Winner Kimberly Burgess

Kimberly "Kim" Burgess is the Coordinator for the Drowning Prevention Program in Broward County. Programs developed and implemented by Ms. Burgess and the plan partners, have helped to cut the incidence of both fatal and non-fatal drowning in the community by more than half since the previous two years.

Ms. Burgess has worked closely with the Broward County Medical Association and the Pediatric Society to implement an outreach program to all Broward pediatricians using the "Water Smart Baby" booklets, which she developed. The program has been very well received and the Florida Pediatric Association is working to implement it statewide.

For more information about the injury prevention award please visit: http://www.doh.state.fl.us/injury/IP Award.html.

2012 FALLS PREVENTION AWARDS

The Injury Prevention Program presented the new Florida Falls Prevention Award for 2012 at the FIPAC annual fall meeting to two co-recipients who have demonstrated extraordinary commitment to falls prevention.

Congratulations to the 2012 Falls Prevention Award Winners Mark Brimer & Maria Avalos

Mark Brimer was awarded for over 30 years of contributions to elder falls prevention, playing integral role in launching new programs focused on elder wellness, falls prevention, and disease management with Brevard Commission on Aging in the Cities of Cocoa, Rockledge, Satellite Beach, Palm Bay, and Titusville. Mr. Brimer also serves as co-chair for the Florida Senior Falls Prevention Coalition and has been a speaker for falls prevention on several occasions. Mr. Brimer is responsible for developing health rehabilitation networks, and has several article publications.

Maria Avalos was awarded for her work in the falls prevention initiative of the Coalition on Injury Prevention in Polk County as well as her role in the re-launch of the Manatee County Falls Prevention Coalition. Additionally, as a master trainer of Matter of Balance, Mrs. Avalos has trained 13 new instructors in Polk County. Mrs. Avalos has also worked with a PhD student for outcomes research on local evidence-based programs for falls prevention as well as several organizations and partners to increase access to falls prevention programs.

STATEWIDE PLANNING

FLORIDA INJURY PREVENTION ADVISORY COUNCIL (FIPAC) MEETING

The FIPAC meeting originally scheduled for January 22-23 was cancelled due to the Injury Prevention Program workload projects and the office move. The next FIPAC meeting is tentatively scheduled to be held during April 2013, in central Florida, in conjunction with the Emergency Medical Services Advisory Council and Constituency meetings.

The meeting will focus on the planning for the 2014–2018 Florida Injury Prevention Strategic Plan and close out of the 2009–2013 Strategic Plan. We anticipate that this meeting will be 2 to 2 $\frac{1}{2}$ days. A Save-the-Date email will be sent out when the meeting dates and location are finalized.

2009–2013 FLORIDA INJURY PREVENTION STRATEGIC PLAN

The 2009–2013 Florida Injury Prevention Strategic Plan is available on the IPP website at http://www.doh.state.fl.us/injury/reports.html. Hard copies are also available upon request.

The goals for the 2009–2013 plan is: Infrastructure (including data and evaluation), Collaboration, Senior Falls, Early Childhood Drowning, and Training. During the September 2011 FIPAC meeting, Goal Teams two and five were combined. Below is an update for each.

- **Data Workgroup:** The Data Workgroup met in September 2011 to provide updates on 2011 activities and to finalize the 2012 Action Plan.
- **GT2 Collaboration, and GT5 Training:** GT2 and GT5 have concluded implementation of the 2012 Action Plan strategies and activities with 91% and 100% of the activities implemented respectively. The Goal Teams created draft 2013 Action Plans during the October 2012 FIPAC meeting.
- **GT3 Senior Falls Prevention:** GT3 re-organized the structure of statewide falls prevention efforts by merging with the Senior Falls Prevention Coalition. Together, GT3 and the Coalition now have a shortened, focused action plan for completion at the end of 2013.
- on and reviewed the development and implementation of the WaterproofFL Pool Safety and Drowning Prevention Campaign that is now available at http://www.WaterproofFL.com. They are currently working on developing and expanding the WaterproofFL campaign for 2013.

POLICY SUBCOMMITTEES:

In accordance with the requirements of the 2011–2016 CDC Core Violence and Injury Prevention Program (Core VIPP) grant, a Policy Subcommittee within FIPAC has been formed. The Policy Subcommittee will work to create an overarching policy agenda for FIPAC, as well as to focus on two specific injury mechanisms, childhood drowning and senior falls prevention. These policy focus areas, senior falls prevention and distracted driving, were selected by FIPAC and are also data-driven.

- The Senior Falls Prevention Policy Subcommittee is currently revising its action plan to move toward measurable policy strategies, including facility-based strategies.
- The Distracted Driving Policy Subcommittee has developed a set of goals and will develop strategies that merge their efforts with the Florida Highway Safety Strategic Planning Coalition. Florida has identified Distracted Driving as one of eight traffic safety priority concerns. For more information, please refer to the <u>Distracted Driving Emphasis Area of Florida's 2012 Strategic Highway Safety Plan.</u>
- 1. Prevention: Education and Enforcement programs aimed at reducing distracted driving.
- 2. Criminal Justice System Support: Educate law enforcement officers on Florida traffic crash report distracted driving data collection; educate law enforcement, judges and magistrates on the existing laws applicable to distracted driving (careless driving).
- 3. Communication: Public awareness and education activities targeting at risk demographics and geographic locations.
- 4. Distracted Driving is not a citable offense in the State of Florida and there are no grant funds designated for Distracted Driving Programs.

PROGRAM UPDATES

FLORIDA SPECIAL NEEDS OCCUPANT PROTECTION PROGRAM

The DOH IPP Florida Special Needs Occupant Protection Program grant ended September 30, 2012. The program has moved to the Florida Occupant Protection Resource Center housed at the University of Florida's Occupant Protection Resource Center (FOPRC). The transfer from the DOH IPP to the FOPRC will improve cost efficiency. We have enjoyed working with all of our partners on this program, and look forward to opportunities for collaboration on other injury prevention-related efforts.

This program provides specialized car seats to eight children's hospitals and one acute care hospital. These seats are loaned to families for the safe transportation of children with acute special health care needs who are unable to use a regular child safety seat.

Current program sites are located in Ft. Myers, Gainesville, Hollywood, Miami, Orlando, Pensacola, St. Petersburg, Tallahassee, and Tampa. With the program transfer, the two additional hospitals who are interested in joining the program, Wolfson's Children's Hospital in Jacksonville and St. Mary's in Palm Beach, will be incorporated in the 2013–2014 grant year.

For more information, please contact the FOPRC at floridaoprc@ce.ufl.edu.

FLORIDA TEEN SAFE DRIVING COALITION

The Injury Prevention Program is a member of the Florida Teen Safe Driving Coalition. Mary Crew is the representative on the coalition.

Florida's Teen Safe Driving Coalition (FTSDC), with support from the National Safety Council (NSC) and The Allstate Foundation, was formed in 2011 to bring together safety and traffic practitioners, state and local officials, public health practitioners, injury prevention groups, teen and parent leaders, and others to implement programs that reduce the number of teens killed or injured in crashes.

The FTSDC developed a strategic plan. The Coalition identified three goals: enhance teen safe driving laws and regulations, instill safe driving attitudes and behaviors among teen drivers, and expand the network of concerned individuals to build recognition and awareness as it relates to teen driver safety and support the FTSDC.

The Coalition meets quarterly. http://www.dot.state.fl.us/safety/2A-Programs/Teen-Drivers.shtm

IMPAIRED DRIVING COALITION

The Injury Prevention Program is a member of the Department of Transportation's (DOT) Impaired Driving Coalition. The Coalition is comprised of agencies and organizations responsible for components of Florida's impaired driving system and/or that work to influence the effects of impaired driving.

The Coalition was formed to draft a Strategic Impaired Driving Plan for Florida and to oversee implementation of the Strategic Plan. http://www.dot.state.fl.us/safety/2A-Programs/Impaired-Driving.shtm

MOTORCYCLE SAFETY COALITION

The Bureau of Emergency Medical Oversight, a member of the Motorcycle Safety Coalition, aids in the implementation of Florida's Motorcycle Strategic Safety Plan,

http://www.ridesmartflorida.com/images/floridamotorcyclestrategicsafetyplanfinal.pdf, which is designed to provide a comprehensive strategy to address motorcycle safety issues by identifying goals, strategies, action steps, and performance measures for key program areas.

http://www.dot.state.fl.us/safety/2A-Programs/Motorcycle-Safety.shtm

SAFE KIDS FLORIDA

Safe Kids Florida is a member of Safe Kids USA. This is a nationwide network of organizations working to prevent unintentional childhood injury, the leading cause of death and disability for children ages 1 to 14.

Safe Kids Florida consists of nine local coalitions covering Baker, Broward, Clay, Collier, Dade, Duval, Flagler, Hillsborough, Lee, Manatee, Nassau, Orange, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, Sarasota, and Volusia counties and five chapters covering Bay, Lake/Sumter, Leon, Marion, Okaloosa and Santa Rosa counties.

The monthly Safe Kids Coordinators conference call, originally scheduled for January 8, was cancelled due to the Injury Prevention Program workload projects and the office move. The next regularly scheduled conference call will occur on Tuesday, February 5, at 10 a.m.

In 2010, the childhood unintentional injury fatality rate in Safe Kids counties was 30% lower than the rate in non-Safe Kids counties which corresponds to 104 fewer deaths than expected had the fatality rates been the same.

SAFE MOBILITY FOR LIFE COALITION

The Injury Prevention Program is a member of the Department of Transportation's (DOT) Safe Mobility for Life Coalition. Mary Crew is the representative on the coalition. The Coalition meets quarterly.

The Safe Mobility for Life Coalition's mission is to improve the safety, access and mobility of Florida's aging road users by developing a comprehensive strategic plan to reduce injuries and crashes among this vulnerable population.

The next meeting of the Safe Mobility for Life Coalition is scheduled for January 30 and 31 in Tallahassee.

http://www.dot.state.fl.us/safety/2A-Programs/Aging-Road-Users.shtm

SENIOR FALLS PREVENTION COALITION

Falls are the leading cause of injury-related deaths, hospitalizations, and emergency room visits for Florida's senior population.

During the October 1-2, 2012 Florida Injury Prevention Advisory Council meeting, the Senior Falls Prevention Coalition was merged with GT3 to create greater unity in statewide senior falls prevention. To focus efforts, the action plans of the two groups have been merged and shortened to be more realistic for the Coalition's size.

The Coalition has also started the development of an organized application system and organizational structure that will allow for increased accountability for new and current members. After the application is developed, the Coalition seeks not only to expand and retain its membership but increase activity level among its members.

The Coalition has begun to find ways to strengthen existing activities, including the implementation of Tai Chi: Moving for Better Balance. A statewide instructors' conference call is scheduled for January 2013, where instructors will be able to receive updates on the program and connect with other instructors. The Coalition also seeks to increase evaluation efforts for this evidence-based program.

The Florida Senior Falls Prevention Coalition has purchased the domain name www.FallsFreeFL.com. The website is currently under revisions by the Injury Prevention Program.

POOL SAFETY/DROWNING PREVENTION CAMPAIGN: Spring 2013 - WaterproofFL "Pool Safety is Everyone's Responsibility"



Waterproof 2013 Campaign will begin April 1, 2013. Distribution of WaterproofFL materials, door alarms, Water Watcher tags, brochures, posters, and media packets will be sent to participating agencies by April.

WaterproofFL is the first statewide pool safety and child drowning prevention campaign. The campaign started in April 2012 with the theme, "Pool Safety is Everyone's Responsibility," and emphasized a multi-faceted approach to child drowning prevention through Layers of Protection.

These Layers of Protection are: supervision, barriers, and emergency preparedness. Each layer emphasized different responsibilities. Supervision emphasized the necessity to designate an adult water watcher during water-related activities; barriers (fences, door alarms, etc.); and emergency preparedness emphasized the need for knowledge of CPR and the ability to call 911.

The campaign's points of contact and distribution continued to include the local County Health Department and Safe Kids organizations. This partnership allowed WaterproofFL to benefit from established programs designed and dedicated to promoting child safety issues. The expansion brought with it additional interest in and organized activities for promoting child drowning prevention awareness throughout the State. This led to the growth of awareness activities in geographic areas never known for child drowning prevention awareness.

A toll free number, 1.877.362.5033, and a website, http://www.WaterproofFL.com, are resources sites that provides information and tools for parents, caregivers, pool owners, and others on the need for child water safety and teaching the Layers of Protection necessary to protect Florida's children from drowning.

INJURY DATA REPORTS

Karen Card is the epidemiologist for the Bureau of Emergency Medical Oversight. Please email her at <u>Karen Card@doh.state.fl.us</u> or telephone her at 850.245.4440, ext 2761. Please submit all data requests to the Injury Prevention Program at <u>DEMO InjuryPrevention@doh.state.fl.us</u>.

2007–2010 injury death, hospitalization, and emergency department data for each of Florida's 67 counties are available on the IPP website at: http://www.doh.state.fl.us/injury/injurydata.html.

1970–2009 injury death data is available on the Florida CHARTS website at http://www.floridacharts.com/charts/Domain2.aspx?Domain='04'.

Data Section

Contact Stephanie Daugherty, Section Administrator, Data Section at 850.245.4440, ext. 2747 for further information.

HEALTH INFORMATION AND POLICY ANALYSIS PROGRAM

The Data Program is now the Health Information and Policy Analysis Program within the Bureau of Emergency Medical Oversight. Data staff from EMS, Trauma, BSCIP, and Injury Prevention have been merged together to form the Health Information and Policy Analysis Program.

This collaboration allows the Bureau of Emergency Medical Oversight to capitalize on existing resources providing a much greater pool of resources and knowledge to address data collection and data quality needs, reporting and analysis needs, and technical needs; and combines similar operational processes for data collection, utilization, and reporting.

EMSTARS

The Data Program continues to make great strides with 154 agencies reporting to the EMS Tracking and Reporting System (EMSTARS), bringing the state repository to over 6.9 million incidents reported. The number of agencies moving to EMSTARS reporting continues to rise each month.

The EMS Advisory Council (EMSAC) Data Committee continues to play the major advocacy role contributing to the increase in agency data submissions. The Data Committee is committed to the advocacy, education and awareness of the benefits that EMSTARS brings to the quality of EMS service delivery in Florida.

The Data Committee has completed the development of business rules for the new Florida EMS dataset, EMSTARS version 3. This new dataset and its business rules, EMSTARS version 3, is a result of the new national EMS data collection standards, NEMSIS version 3. Implementation of the EMSTARS version 3 is planned for 2013-2014. The Data Program is continuing to work with the software vendor, Intermedix, in the implementation of the state level repository for EMSTARS version 3.

The Data Program continues to be available for one-on-one visits and regional workshops with providers to facilitate training and/or implementation assistance as needed. If your agency is interested in receiving assistance with your EMSTARS submissions or transitioning from aggregate data reporting to EMSTARS reporting at this time or in the near future, please contact Brenda Clotfelter at Brenda Clotfelter@doh.state.fl.us, Stephanie Daugherty@doh.state.fl.us.

The NEMSIS National Reporting System based upon the National EMS Database can be found on the NEMSIS web site (www.nemsis.org) under the Reporting Tools tab (click on "Reports", then "National Reports" and then "Access Reports"). Follow the directions to access the reports. You will notice Florida's data is incorporated in the national aggregated reports.

NEMSIS Version Three Update

The EMSTARS Project Team continues to work in concert with our federal partners, National EMS Information System (NEMSIS), EMS Advisory Council Data Committee, and the EMS Community to respond to the changes anticipated with NEMSIS version three. The NEMSIS version three Data Dictionary was released on October 31, 2011.

The Data Committee has developed the business rules to apply to the state level data collection effort for EMSTARS three.

The team has been working to partner with a third party vendor, Intermedix, to ensure that an appropriate state level implementation approach is utilized and adequately planned to minimize impact to local EMS provider agencies. The Data Committee and the Data Program will be working with Florida agencies over the next few years as the state transitions to the new standards.

The Florida EMS dataset for version three represents a new version of the Florida EMS dataset and is not a replacement of the current Florida EMS Data Dictionary version 1.4.1 (NEMSIS version 2.2.1 compliant). Although NEMSIS has released NEMSIS version 3, the NEMSIS Technical Assistance Center (TAC) has indicated that they will continue to accept NEMSIS version 2.2.1 data from states until December 2014 to allow software vendors, states and agencies to implement NEMSIS version three.

At this time and until further notification, the Data Section will only accept files that are compliant with the current Florida EMS Data Dictionary version 1.4.1 (NEMSIS version 2.2.1 compliant) for agencies reporting to EMSTARS. EMS agencies who are currently submitting to EMSTARS should not transition to NEMSIS version three software prior to notification from the Data Section on the transition / implementation plan. EMS agencies that are procuring new ePCR (electronic patient care reporting) software should not finalize their negotiations without consultation with the Data Section and are advised not to procure software that will not allow for Florida EMSTARS version 1.4.1 support until Florida is ready to begin its transition to accept NEMSIS version three.

EMERGENCY MEDICAL REVIEW COMMITTEE (EMRC)

The EMRC continues to analyze various sections of the medical databases. The strongest focus this quarter has been on the drug shortage. Other focus areas include topics related to airway management, pediatric illness and injury, spinal cord immobilization, and stroke treatment and transport. The EMRC remains committed to analyzing measures provided in our state strategic plan and national EMS performance measures.

The EMS Program is thankful for the sacrifices of the members. The EMRC will provide evidence-based recommendations to change the shape of the EMS industry for the next four years. Steve McCoy is the EMRC contact and can be reached by e-mail at Steve_McCoy@doh.state.fl.us or by phone at 850.245.4440, ext. 2727. Please contact him if you have questions or need assistance with EMS research or quality improvement efforts. Visit the EMRC web page at http://www.fl-ems.com/emrc.html for additional information.

COMMUNITY PARAMEDIC

The concept of community paramedicine represents one of the most progressive and historically-based evolutions available to community-based healthcare and to the Emergency Medical Services arena. By utilizing Florida's Emergency Medical Service providers in an expanded role, community paramedicine could increase patient access to primary and preventative care, provide wellness interventions within the medical home model, decrease emergency department utilization, save healthcare dollars and improve patient outcomes.

The department continues to analyze this concept and hopes to enter into a contract with a research organization for analysis of the potential for Florida's Community Paramedic programs. As the Community Paramedicine model continues to be adopted across the country, Florida's counties, local communities, and state agencies will need assistance in identifying common opportunities and information on overcoming challenges.

The EMS Program intends to be a resource for insight into the future of Florida Community Paramedic programs. In addition, the EMS Program advocates for the development of community paramedic programs within this state. Steve McCoy is the contact for Community Paramedic questions and can be reached by e-mail at Steve McCoy@doh.state.fl.us or by phone at 850.245.4440, ext. 2727. Please contact him if you have questions or need assistance with Community Paramedic efforts.